## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10/593, 252

| Effective December 8, 2004   |  |   |  |                              |  |                  |   |                     |                        |    |                            |                        |
|--|--|---|--|------------------------------|--|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column  |  |   |  |                              |  | column 2)        |   | SMALL ENTITY TYPE   |                        |    | OTHER THAN SMALL ENTITY    |                        |
| U.S.   | NATIONAL S                                     | TAGE FEES                                 |  |                              |  |                  |   | RATE                | FEE                    |    | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                              | LARGE ENT. = \$ 300                    |                  |   | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                              | All other situations = \$ 100 / \$ 200 |                  |   | EXAM. FEE           |                        |    | EXAM, FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                              | ALL other situations = \$ 250 / \$ 500 |                  |   | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                              | / 50 =                                 |                  |   | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 9 minus 20 =   |                              | •                                      |                  |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =  |                              | •                                      |                  |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL.   | TIPLE DEPEND                                   | ENT CLAIM PRE                             | SENT   |                              |  |                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                              |  |                  |   | TOTAL               |                        | OR | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                              |  |                  |   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  | 9  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVI<br>PAID |  | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 9                                       | Minus  | - 2                          | 0                                      | <b>-</b> O       |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | • /                                       | Minus  | inus *** 3                   |  | O                |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                              |  |                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   |  |                              |  |                  |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| Re Amtt - (Column 1) (Column 2) (Column 3)   |  |   |  |                              |  |                  |   |                     |                        |    |                            |                        |
| AMENDMENT 8  | 9.15.06  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT | ·  | NUM<br>PREV                  | HEST<br>MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 9                                       | Minus  | ** 6                         | 200                                    | = Ø              |   | X \$ 25 =           | 1                      | OR | X \$ 50 =                  | ) k                    |
|  | Independent                                    | . 2                                       | Minus  | ***                          | }                                      | = 150            |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                              |  |                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 | <u> </u>               |
|  |  |   |  |                              |  |                  | - | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.               | V                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                              |  |                  |   |                     |                        |    |                            | o <b>n</b>             |